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APPLICANTS Daniel Alroy, New York, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/31/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged _____ Examiner's Signature Initials					
ADDRESS DANIEL ALROY 19 STANTON STREET NEW YORK, NY 10002					
TITLE CONCEPTS AND METHODS FOR IDENTIFYING BRAIN CORRELATES OF ELEMENTARY MENTAL STATES					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees			
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